

**NC DIVISION OF MH/DD/SAS SAPTBG FUNDS
WOMEN SET ASIDE FUNDING (WSAF) MONITORING
2010 / 2011**

LME:		Date:	
Contract Provider:		Record #:	
Control #:	Category:	Admission Date:	
Rating Codes: 0 = No/Not Met 1 = Yes/Met 9 = N/A			Rating
1. There is evidence that this woman has a principal or primary DSM IV-TR (or its successors) diagnosis of substance abuse or dependence.			
2. There is evidence that this woman's primary medical care needs were addressed.			
3. There is evidence that this woman's child (ren)'s primary pediatric care needs were addressed.			
4. There is evidence that this woman received gender specific treatment.			
5. There is evidence that this woman's child (ren)'s therapeutic needs were addressed.			
6. There is evidence that this woman's need for case management services was assessed and delivered, if needed.			
7. There is evidence that this woman's ability to get to and from substance abuse services was assessed.			
8. There is evidence this woman's needs for child care services (in order to participate in substance abuse services) was assessed.			
9. a. This woman was pregnant when assessed for services. b. There is evidence of timely admission or referral to appropriate services. <i>If 9a = 1/Yes, then answer 9b If 9a = 0/No then rate 9b = 9 and Overall = 9. If 9a = 1/Yes and 9b = 1/Yes, overall rating = 1/MET. If 9a = 1/Yes and 9b = 0/No, overall rating = 0/NOT MET.</i>			a.
			b.
10. There is evidence that a NC TOPPS was completed within the required timeframes: a. Initial Assessment b. Three (3) month update c. Six (6) month update d. Twelve (12) month update e. Every six (6) months thereafter			a.
			b.
			c.
			d.
			e.

COMMENTS:

REVIEWER:

**NC DIVISION OF MH/DD/SAS
2010/2011 PROTOCOL**

**WOMEN'S SET ASIDE FUNDING (SAPTBG)
MONITORING INSTRUCTIONS**

***IMPORTANT: DO NOT WRITE THE INDIVIDUAL'S NAME ON THE MONITORING FORM. THIS IS FOR CONFIDENTIALITY REASONS.**

***IMPORTANT: ON THE TOP OF THE AUDIT FORM, UNDER "SPECIAL CATEGORY" THE MONITOR MUST WRITE "PREGNANT" AND / OR "HAS DEPENDENT CHILD(REN)."**

Question #1 Review each service record to determine if the woman has a principal or primary DSM IV-TR (or its successors) diagnosis of substance abuse or dependence.

Question #2 Review the record to determine if the woman indicated she was already receiving primary medical care (if pregnant, prenatal care) or was referred to a primary care physician (if pregnant, prenatal care physician). The referral could be to a local health department, private physician, federally supported health provider, hospital-based clinic, etc. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note.

Question #3 Review the record to determine if the woman indicated her child (ren) was already receiving primary pediatric care or was referred to a primary pediatric care provider. The referral could be to a local health department, private physician, federally supported health provider, hospital-based clinic, etc. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. If the woman has no dependent child(ren), rate this question a 9 (NA)

Question #4 Review the record to determine if the woman received gender specific substance abuse treatment or other therapeutic interventions which address issues of relationships, sexual and/or physical abuse and/or parenting identified in the assessment or service plan. Gender-specific services could include participation in women's only treatment services addressing these areas, arranging for specialized services i.e. domestic violence, etc. This information should be

located in one or more of the following: assessment, service plan, service note, case management plan or case management note.

Question #5 Review the record to determine if the woman indicated that her child(ren) was already receiving therapeutic interventions, was referred for therapeutic interventions or indicated her child(ren) did not need therapeutic interventions. Therapeutic interventions could include services to address their developmental needs, child mental health or substance abuse issues. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. If individual has no dependent child(ren), rate this question as 9 (NA).

Question #6 Review the record to determine if the woman's need for case management services was assessed and was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note.

Question #7 Review the record to determine if the woman's ability to get to and from substance abuse services was assessed and adequate transportation was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note. (Adequate transportation would include bus vouchers [if buses were in operation at the time of the service and individual's return home], taxi voucher, reimbursement for gas, Medicaid transportation, transportation in a program vehicle, etc.)

Question #8 Review the record to determine if the woman's need for child(ren) care services in order to participate in substance abuse services was assessed and was provided or arranged, if needed. This information should be located in one or more of the following: assessment, service plan, service note, case management plan or case management note.

Question #9 Determine if, from date of assessment, treatment was provided within two (2) weeks, or if treatment was not available within two (2) weeks, a referral to another service was made within forty-eight (48) hours.

If 9a = 1/Yes, then answer 9b If 9a = 0/No then rate 9b = 9 and Overall = 9. If 9a = 1/Yes and 9b = 1/Yes, overall rating = 1/MET. If 9a = 1/Yes and 9b = 0/No, overall rating = 0/NOT MET.

Question #10 The monitor will review each service record to determine if a NC TOPPS Initial Assessment was completed. The NC TOPPS Initial Assessment should be submitted within thirty (30) days of the first date of service.

- Subsequent updates must be completed within fifteen (15) days before or after the due date. The due dates are based upon the day the initial interview was started on the web-based system.
- A copy of the NC TOPPS Initial Assessment form should be found in the service record.
- The reviewer should determine when the initial assessment was started and calculate when the three (3), six (6), and twelve (12) month updates were due (updates after twelve (12) months are every six (6) months).
 - ◆ Three (3) month update: Ninety (90) days following initial interview, plus or minus two (2) weeks (76-104 days)
 - ◆ Six (6) month update: 180 days following initial interview, plus or minus two (2) weeks (166-194 days)

- ◆ Twelve (12) month update: 360 days following initial interview, plus or minus two (2) weeks (346-374 days)
 - Six (6) month updates thereafter (18, 24, 30, etc. months)

Rate each element (a-e) 1/MET or 0/NOT MET. If an update is not due, rate the element (b-e) 9/NA. All elements (a-e) must be rated either 1 or 9 for the overall rating to be 1/MET. If any element is rated 0, the overall rating is 0/NOT MET.

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